

MAR 16 2010

ELECTIONS OFFICIAL
COUNTY OF DEL NORTE

10 APR -1 PM 1:31

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Sullivan	Michael	Thomas		
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
			OPTIONAL: E-MAIL ADDRESS	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Del Norte County

Division, Board, District, if applicable:

Board of Supervisors

Your Position:

Vice Chair, District 3

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ County of Del Norte

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-Or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-Or-

☐ The period covered is ____/____/____, through the date of leaving office.

☒ Candidate Election Year: 2010

4. Schedule Summary

► Total number of pages including this cover page: 6

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☒ Yes – schedule attached
Income – Gifts – Travel Payments

-Or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

03/15/2010

Signature

(File the originally signed statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

SULLIVAN, MICHAEL

► NAME OF BUSINESS ENTITY
EDWARD JONES INVESTMENTS

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
INVESTMENTS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☒ Partnership ☐ Income of \$0 - \$500
 ☒ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/09 _____/_____/09
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
BANK OF AMERICA

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
BANKING

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/09 09/21/09
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/09 _____/_____/09
 ACQUIRED DISPOSED

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 ACQUIRED DISPOSED

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GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income of \$0 - \$500
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/09 _____/_____/09
 ACQUIRED DISPOSED

Comments:

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Michael Sullivan

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

<p>▶ NAME OF SOURCE <u>Regional Council of Rural Counties</u></p> <p>ADDRESS (Business Address Acceptable) <u>801 12th St. Suite 600</u></p> <p>CITY AND STATE <u>Sacramento, CA 95814</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Advocacy for Rural Counties</u></p> <p>DATE(S): <u>01</u>/<u>10</u> - <u> </u>/<u> </u>/<u> </u> AMT: \$ <u>27.38</u> <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Travel and Meals Expenses related to Annual Meeting Dinner Reception</u></p>	<p>▶ NAME OF SOURCE _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>CITY AND STATE _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): <u> </u>/<u> </u>/<u> </u> - <u> </u>/<u> </u>/<u> </u> AMT: \$ <u> </u> <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>
<p>▶ NAME OF SOURCE _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>CITY AND STATE _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): <u> </u>/<u> </u>/<u> </u> - <u> </u>/<u> </u>/<u> </u> AMT: \$ <u> </u> <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>	<p>▶ NAME OF SOURCE _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>CITY AND STATE _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): <u> </u>/<u> </u>/<u> </u> - <u> </u>/<u> </u>/<u> </u> AMT: \$ <u> </u> <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>

Comments: _____

2009 DELEGATE EXPENSE

County: **Del Norte**
 Delegate: **Michael Sullivan**

Item

Meals provided at meetings:

Amount

Prior year expenses pd in 2009	
Board Meeting: January	23.15
Executive Meeting: February	7.49
Board Meeting: March	24.79
Executive Meeting: April	14.83
(Sutter) Board Meeting Dinner: June	53.12
Executive Meeting: July	No lunch
Board Meeting: August	17.15
(Annual Conference Squaw Valley) Board Meeting Breakfast: Sept	50.37
Executive Meeting Bkft & Lunch: Oct	21.48
Executive Meeting: Dec	12.25
Board Meeting: Dec	24.96
January Annual Dinner* Reception 15.33 Dinner 103.19	118.52

* Price is for Supervisor only. Double amount if spouse/guest attended also.

Expense Reimbursements

To Delegate:

To County for Delegate:

Expenses paid by RCRC on behalf of Supervisor:

Jan Lodging:	
June (Sutter) Board meeting lodging & meals	
March NACO Wash D.C:	
May NACO WIR Pendleton OR:	
July NACO Nashville TN:	
Nov CSAC Monterey CA:	
Seminar Registration/Memberships:	
Supervisor Travel and Meals:	27.38
Gifts - \$420 limit:	
Awards - \$250 limit:	
Plaque:	
Total Expenses:	27.38

**Please record on your
 SCHEDULE - E**

FORM 700 Statement of Economic Interests for Calendar Year 2009

List of Agencies and Member Counties

DEL NORTE COUNTY

Agency

Position

CRHMFA Homebuyers Fund

Alternate Delegate

California Rural Home Mortgage Finance Corp

Alternate Delegate

Environmental Services Joint Powers Authority

Alternate Delegate

List of Member Counties

Alpine County	Modoc County
Amador County	Mono County
Butte County	Napa County
Calaveras County	Nevada County
Colusa County	Placer County
Del Norte County	Plumas County
El Dorado County	San Benito County
Glenn County	San Luis Obispo County
Imperial County	Shasta County
Inyo County	Sierra County
Lake County	Siskiyou County
Lassen County	Sutter County
Madera County	Tehama County
Mariposa County	Trinity County
Merced County	Tuolumne County

Michael Sullivan, March 15, 2010

Attachment to cover page: CA Form 700 Statement of Economic Interests

Additional Positions:

1. Local Transportation Commission, Del Norte County
2. North Coast Emergency Medical Services, Alternate
3. Tri-Agency Economic Development Authority
4. Area 1 Agency on Aging